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Scalp folliculitis treated with homoeopathic medicine sulphur 30 °C: A case report

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Abstract
Folliculitis is an inflammatory condition of a hair follicle that develops into a papule or pustule of hair-covered skin. The most prevalent cause of folliculitis is bacterial infection of the hair follicles. The severity of scalp folliculitis varies, as do its manifestations. Folliculitis can occur on virtually any part of the body and can be acute or chronic. A 71-year-old man with recurrent, painful folliculitis on scalp, which had shown limited response to conventional treatments. After complete history taking patient was prescribed Sulphur 30°C and reduction in the frequency and severity of folliculitis outbreaks, without any adverse side effects.

Keywords: Scalp folliculitis, sulphur 30°C, homoeopathy, modified naranjo criteria

Introduction
Folliculitis is a skin condition where the hair follicle becomes infected or inflamed and forms a pustule and erythematous papule of overlying hair-covered skin, usually folliculitis is caused by bacterial infection of the superficial or deep hair follicle" [1, 5]. "However, the condition may also be caused by fungal species, viruses and can even be non-infectious in nature". "The several causative agents of folliculitis are listed below and include [1]":

1. Superficial bacterial folliculitis.
2. Gram-negative bacterial folliculitis.
3. Pityrosporum Folliculitis.
4. Viral folliculitis.
5. Demodex folliculitis.
6. Eosinophilic folliculitis.

Folliculitis can manifest in various forms, ranging from mild and superficial pustules to more severe and painful abscesses [3]. Scalp Folliculitis is defined as the presence of inflammatory cells within the wall and ostia of the hair follicle, creating a follicular-based pustule [4].

Case presentation
71-year-old man presented with the complaints of a small pustular bumps on the scalp with itching, redness, burning type of pain in the past 4-5 months which is on and off in nature. The complaints are aggravated by touch, night and ameliorated with pressure.
Patient is suffering from Hypertension since last 6-7 years and on Anti-hypertensive medications.

No history of bloody discharges, blackish discolouration and fever.

- **Aggravation:** Touch, night.
- **Amelioration:** Pressure.

Personal history

- **Diet:** Mixed
- **Appetite:** Good
- **Thirst:** 2l/ day,
- **Cravings:** Nil
- **Desires:** Nil

- **Aversions:** Nil.
- **Bladder habits:** 4-5 times/days, 1-times night, no difficulty, No burning micturition.
- **Bowel habits:** Regular, stool twice a day, no difficulty or bleeding per rectum
- **Sleep:** Sound sleep, from 10 pm to 6 am, refreshed
- **Dreams:** Unremembered
- **Perspirations:** Scanty.
- **Thermally:** Hot patient.
- **Other habits:** Nothing significant.

General physical examinations
Oriented with time place and person.
Moderately built and nourished.
- **Height:** 153 cm
- **Weight:** 75 Kg

Head to Toe examination
- **Scalp and hair:** Senile greying of hair present.
- **Ears:** Wax present in both ears.
- **Eyes:** Senile arches present. No discolouration.
- **Nose:** No discharges, No DNS.
- **Oral cavity:** Oral hygiene is maintained. Tongue is clear, Senile loss of teeth present
- **Nails:** No deformity of nails, discolouration
- **Skin:** Senile wrinkling present, No ulceration.

No signs of clubbing, cyanosis, icterus, oedema, lymphadenopathy.

Vitals parameters
- **Temperature:** A febrile
- **Blood pressure:** 130/80 mmHg, Right arm supine position.
- **Pulse:** 80 beats/minutes.
- **RR:** 18 Cycles/minutes.

Systemic examinations

Respiratory system: Normal vesicular breaths sounds heard.

No added sounds.
- **CVS:** S1, S2 Heard, No Murmur.
- **CNS:** NAD

Local examination
- Scalp-Occiput region.
- Small pus-filled bumps with redness.
- One in number.
- No discharges.

Totality of symptoms
- Small pus-filled bumps on scalp
- Itching,
- Redness,
- Burning type of pain
- Aggravated by touch, night.
- Ameliorated with pressure.

Analysis of the case
A complete history was taken, after analysing the peculiar particular disease symptoms were considered in the totality i.e. Small pus-filled bumps on scalp, Itching, Redness, burning type of pain Aggravated by touch, night. Ameliorated with pressure. The Repertorization was done using complete repertory in hompath classic version 8. After a final reportorial result, the remedy was confirmed and verified with Materia Medica and prescription was done.

Repertorial totality
[C] [Head] Eruptions: Painful
[C] [Head] Eruptions: Pustules
[C] [Skin] Eruptions: Red
[C] [Skin] Eruptions: Itching: Night
[C] [Skin] Eruptions: Painful: Burning:

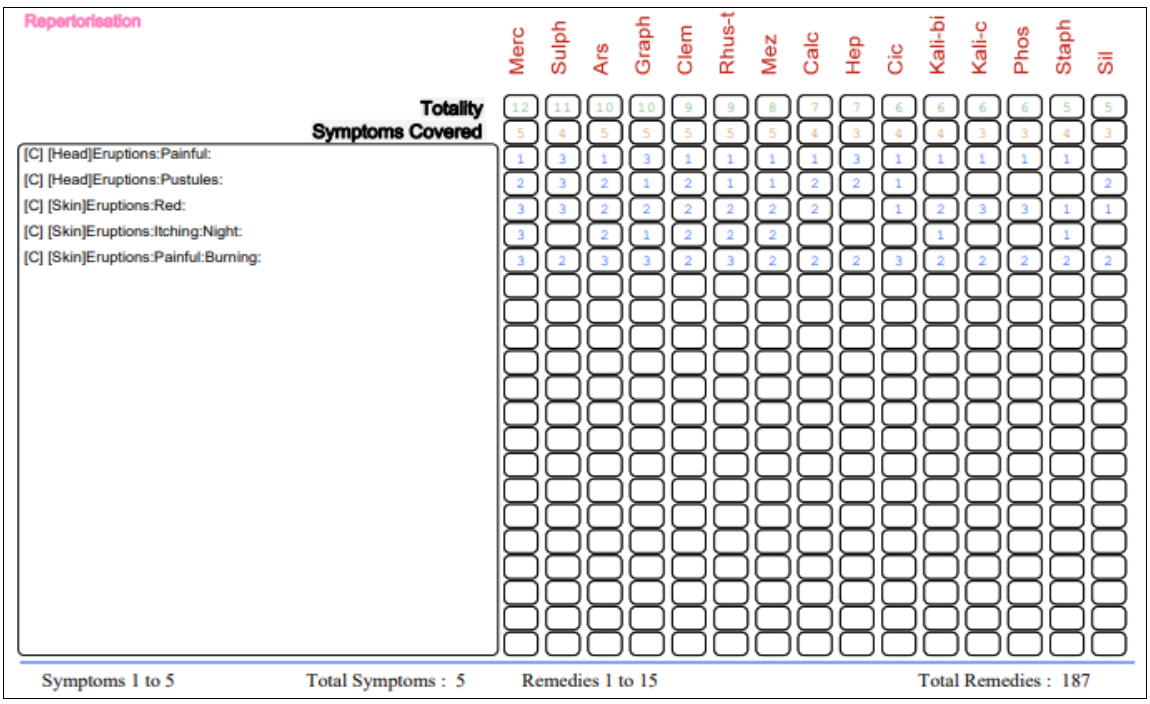

Fig 1: Reportorial totality

Therapeutic intervention

After case analysis, Reperterization and referring to Materia Medica, the following remedies were short-listed i.e. Merc, Sulphur, Arsenicum album, Graphitise, etc. And Sulphur 3°C selected and administered to the patient.

Diagnostic assessment: With reference International classification of disease 11 code EG30.0 and physical examination: Scalp-Occiput region Small pus-filled bumps with redness one in number, no discharges Based on clinical presentation and examination patient was diagnosed with scalp folliculitis, which is most common type of skin disease.

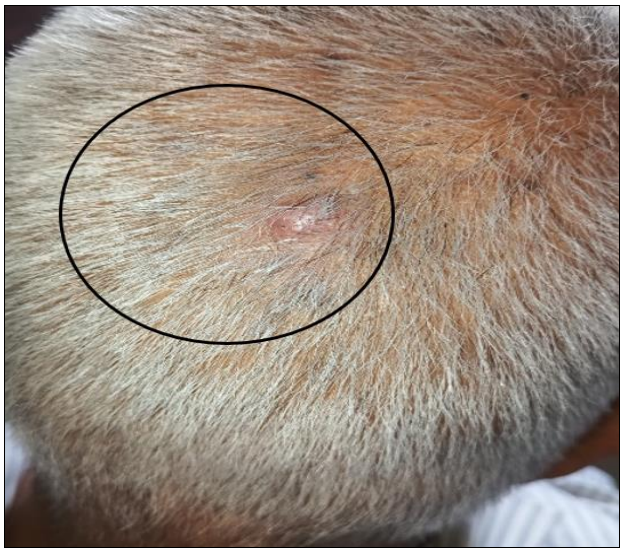

Fig 2: Before treatment

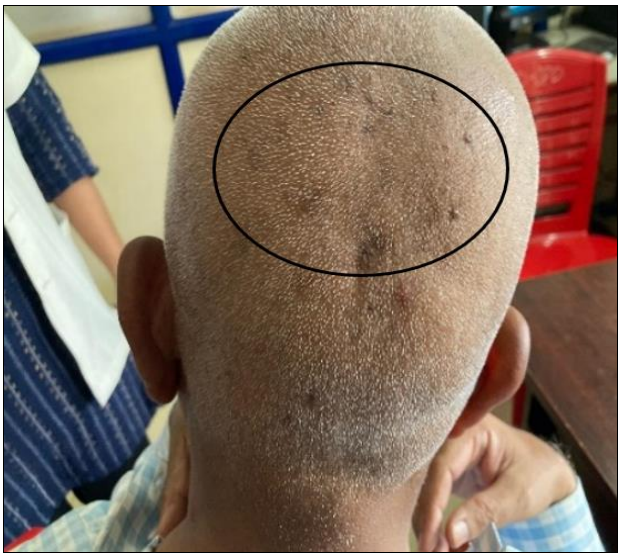

Fig 3: After treatment

Prescription and follow-up

Table 1: Case Observations and Prescriptions

SL. No.	Date of visit	Observation	Prescriptions
1	14/3/2024	Small pus-filled bumps on scalp Itching, Redness, Burning type of pain Aggravated by touch, night. Ameliorated with pressure.	1.Sulphur 30 1 powder dose 1-0-0 OD 2.Placebo BD 4-0-4x 2 weeks.
2	17/04/2024	No recurrence of eruptions Size of the eruption reduced All the other complaints are better	1.Sulphur 30 1powder dose 1-0-0 OD 2 Placebo BD 4-0-4 x2 weeks

Table 2: Assessment of outcomes with modified naranjo criteria [6]

Criteria	Yes	No	Not sure/NA
Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2		
Did the clinical improvement occur within a plausible time frame relative to the medicine intake?	+2		
Was there a homoeopathic aggravation of symptoms?		0	
Did the effect encompass more than main symptom or condition, were other symptoms, not related to the main presenting complaint, improved or changed)?	+1		
Did overall wellbeing improve?	+1		
Direction of cure: Did some symptoms improve in the opposite order of the development of the disease? Direction of cure: Did at least one of the following aspects apply to the order of improvement in symptoms from organs of more importance to those of less importance? From deeper to more superficial aspects of the individual? From the top downward?		0	
Did ‘old symptoms’ (defined as nonseasonal and noncyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
Are there alternate causes (other than medicine) that with a high probability could have caused the improvement? (e.g. known course of disease, other forms of treatment and other clinically relevant Intervention)?		1	
Was the health improvement confirmed by any objective evidence as measured by external observations?	+2		

Discussion

A 71-year-old man presented with the complaints of a small pus-filled pimples on scalp with itching, redness, burning in the past 4-5 months which is on and off in nature. The complaints are aggravated by touch, at night and ameliorated with pressure. After completing a thorough case history, analysis and evaluation the patient was administered the appropriate homeopathic medication. The results were evaluated using modified Naranjo criteria and photographic evidence collected during each visit. The case received a total score of 9 after being evaluated using the modified Naranjo criterion. It suggests the marked association between the medicine and outcome. As per the modified Naranjo Criteria, there was improvement in the primary symptom (+2), within a short time after the intake of medicine (+1), with an improvement in other symptoms (+1) and overall wellbeing (+1), with no other alternative causes that could have caused the improvement (+1).

Conclusion

The Scalp folliculitis cases are very frequently seen. This homeopathic case study on scalp folliculitis presents an encouraging option towards treating various skin conditions. This case report showed marked improvement in the patient which gives a positive result that suggests homoeopathic medicines have a good scope in the treating a various skin conditions. The modified Naranjo criteria score (+9) showed the clinical improvement was likely attributable to the homoeopathic treatment.

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Conflict of interest: NIL.

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